Image# 14961547265 PAGE 1 / 11

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
NAME OF TOMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Dirigo PAC			1
ADDRESS (number and street)	PO Box 1355		
Check if different			
than previously reported. (ACC)	Alexandria		VA 22313 - L
2. FEC IDENTIFICATION NUI	MBER ▼ CITY	(▲	STATE ▲ ZIP CODE ▲
C C00391797	3. IS	THIS X NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report	20 (M2) May 20 (M5	S) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On: Mar 2	20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15		20 (M4) X Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1 July 15	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q2	PRE-Election Report for the:	Convention (12C)	Special (12S)
October 15 Quarterly Report (Q3	3)		
January 31 Year-End Report (YE	Election	on/	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on/	in the State of
5. Covering Period 06	01 2014	through 06	30 2014
I certify that I have examined this	Report and to the best of r	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	Theodore V. Koch - Assistant	t Treasurer	
Signature of Treasurer Theodo	ore V. Koch - Assistant Treasurer	[Electronically Filed]	Date 07 10 / 2014
NOTE: Submission of false, erroned	ous, or incomplete information	may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
Office			FEC FORM 3X
Use			Rev. 12/2004

	OF FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE RECEIPTS AND DISBURSEMENTS	Page 2
V	rite or Type Committee Name		. 490 _
[Dirigo PAC		
R	eport Covering the Period: From: 06	01 / 2014 To	o: 06 30 / Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		160710.99
	(b) Cash on Hand at Beginning of Reporting Period	138166.05	
	(c) Total Receipts (from Line 19)	10505.00	59838.34
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	148671.05	220549.33
7.	Total Disbursements (from Line 31)	27531.40	99409.68
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	121139.65	121139.65
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
×	This committee has qualified as a multicandid	date committee. (see FEC FORM 1M)	
	For	r further information contact:	
	F	Federal Election Commission 999 E Street, NW	

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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l)ı	ric	\cap	\mathbf{P}	٩C
$\boldsymbol{-}$	110	\sim	. ,	\sim

Report Covering the Period: From: 06	01 2014 To:	06 30 2014
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)	0.00	
(ii) Unitomized	0.00	0.00
(ii) Unitemized(iii) TOTAL (add	0.00	0.00
Lines 11(a)(i) and (ii)	0.00	0.00
Ellies Tr(a)(i) and (ii)	, <u>, , , , , , , , , , , , , , , , , , </u>	
(b) Political Party Committees	0.00	803.37
(c) Other Political Committees		
(such as PACs)	10500.00	59000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	10500.00	59803.37
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	7	7
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	5.00	34.97
8. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	10505.00	59838.34
· · · · · · · · · · · · · · · · · · ·		
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	10505.00	59838.34

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period	
Operating Expenditures: (a) Allocated Federal/Non-Federal	10101 11110 1 01100	Calendar Year-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	1531.40	24159.68
(c) Total Operating Expenditures	1001.10	21100.00
(add 21(a)(i), (a)(ii), and (b))▶	1531.40	24159.68
Transfers to Affiliated/Other Party		
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	25000.00	72500.00
Independent Expenditures		
(use Schedule E)	0.00	0.00
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loan Hopaymonio Mado		
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(h) Balitical Barty Committee	0.00	0.00
(b) Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
	7	
(d) Total Contribution Refunds	0.00	
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	4000.00	2750.00
Other disbursements	1000.00	2730.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		0.00
(i) Federal Share	0.00	0.00
/ii\ III aviinII Chara	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,	27524 42	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	27531.40	99409.68
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	27531.40	99409.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	10500.00	59803.37
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10500.00	59803.37
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1531.40	24159.68
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	1531.40	24159.68

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 6 OF 11 (check only one)
• •			Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17
	y information copied from such Reports and Si for commercial purposes, other than using the			
\setminus	NAME OF COMMITTEE (In Full) Dirigo PAC			
Α.		p. PAC		Date of Receipt
	Mailing Address 520 S Grand Ave Ste 700			06 18 2014
	City Los Angeles	State CA	Zip Code 90071-2665	Transaction ID : 40702.C899
	FEC ID number of contributing federal political committee.		0088591	Amount of Each Receipt this Period 1000.00
	Name of Employer	Occupation		Receipt
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		2000.00	
В.	Full Name (Last, First, Middle Initial) FMC Corporation Good Government	t Program		Date of Receipt
	Mailing Address 1050 K Street, NW, Ste 600			06 30 2014
	City	State DC	Zip Code 20001	Transaction ID: 40702.C900
	Washington FEC ID number of contributing federal political committee.		0033704	Amount of Each Receipt this Period 2500.00
	Name of Employer	Occupation	1	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Natl Wine and Spirits Wholesalers	of		Date of Receipt
	Mailing Address America Inc. PAC 805 Fifteenth St NW Ste 430 City	State	Zip Code	06 18 2014
	Washington	DC	20005	Transaction ID : 40702.C898 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0147173	5000.00
	Name of Employer	Occupation		Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
s	UBTOTAL of Receipts This Page (optional))	8500.00
7	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 11 (check only one) 11a 11b X 11c 12 13 14 15 16 17
or for commercial purposes, other than using	d Statements matche the name and a	ay not be sold or used by any paddress of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Dirigo PAC			
A. National Association of Broadcaste Mailing Address 1771 N St NW City	rs PAC State	Zip Code	Date of Receipt M
Washington FEC ID number of contributing federal political committee.		20036-2800	Amount of Each Receipt this Period 2000.00 Receipt
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate	Year-to-Date ▼ 2000.00	Тесері
Full Name (Last, First, Middle Initial) B. Mailing Address			Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	State	Zip Code	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) C.			Date of Receipt
Mailing Address City	State	Zip Code	M = M / D = D / Y = Y = Y
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			2000.00

TOTAL This Period (last page this line number only).....

10500.00

SCHEDULE B (FEC Form 3X)	Llea caparata cabadula/a\	FOR LINE		PAGE 8 OF 11
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 26 28c 29 30b
Any information copied from such Reports and States or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full) Dirigo PAC	the and address of any pointed	ar committee to	Solicit Contribution	is non such committee.
Full Name (Last, First, Middle Initial)			Data of Dishum	
A. Koch & Hoos, LLC			Date of Disburs	sement
Mailing Address 901 N Washington St Ste 700			06	02 2014
Alexandria	State Zip Code VA 22314-1535		Transaction I	D : 40605.E792
Purpose of Disbursement PAC Administrative/Accounting Svcs		· · ·	Amount of Eac	h Disbursement this Period
Candidate Name		Category/ Type		1531.40
Senate President	ment For: Primary General Other (specify)	Турс	PAC ADMINIST	RATIVE/ACCOUNTING SVCS
State: District: Full Name (Last, First, Middle Initial)				
B.			Date of Disburs	
Mailing Address			M = M / D	D / Y Y Y Y
City	State Zip Code			
Purpose of Disbursement			Amount of Fac	h Disbursement this Period
Candidate Name		Category/ Type		
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)	,		
Full Name (Last, First, Middle Initial)			D (D:)	
C.			Date of Disburs	sement
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
Candidate Name		Category/ Type		h Disbursement this Period
Office Sought: House Senate President State: Disburse	ment For: Primary General Other (specify)	,		
SUBTOTAL of Disbursements This Page (optional)				1531.40
SOBTOTAL OF DISDUISEMENTS THIS Page (optional)		<u> </u>		
TOTAL This Period (last page this line number only)		1	1531.40

SCHEDULE B (FEC Form 3X)	Llaa aanarata	achadula(a)	FOR LINE I		PAGE 9 OF 11
ITEMIZED DISBURSEMENTS	Use separate for each categ		(check only	*	
	Detailed Sumi		21b 27	22 X 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and State	 ments may not h	e sold or used	l by any perso	n for the nurnose of so	pliciting contributions
or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)					
Dirigo PAC					
/ Full Name (Last, First, Middle Initial)					
A. Citizens For Cochran				Date of Disbursemen	nt
" Citizens For Cocilian				M M / D D	
Mailing Address P.O. Box 7183				06 04	2014
-					
City Tupelo		Code 802-		Transaction ID: 40	605.E793
Purpose of Disbursement	1010 38	002-			
CONTRIBUTION				Amount of Each Disk	oursement this Period
Candidate Name		-	Category/		5000.00
THAD COCHRAN			Type		5000.00
	ment For: 2014	٦			
Senate President	Primary Other (specify)	General		CONTRIBUTION	
State: MS District: 00		Runoff 2014			
Full Name (Last, First, Middle Initial)					
B. Dr. Monica Wehby For U.S. Senat	:e			Date of Disbursemen	nt
				M M / D D	/
Mailing Address P.O. Box 3375				06 04	2014
City	State Zip	Code			
Portland		208-		Transaction ID: 40	1605.E794
Purpose of Disbursement		Г			
CONTRIBUTION				Amount of Each Disk	oursement this Period
Candidate Name MONICA WEHBY			Category/		5000.00
	ment For: 2014		Туре		
✓ Senate		_			
	Primary X	General		CONTRIBUTION	
President	Primary X Other (specify)	General ▼		CONTRIBUTION	
	Primary X Other (specify)	▼ General		CONTRIBUTION	
State: OR District: 00 Full Name (Last, First, Middle Initial)	Primary X Other (specify)	▼ General			
State: OR District: 00	Primary X Other (specify)	▼ General		Date of Disbursemen	
State: OR District: 00 Full Name (Last, First, Middle Initial) C. Joni Ernst For US Senate, Inc.	Other (specify)	▼ General		Date of Disbursemen	/ Y Y Y Y Y
State: OR District: 00 Full Name (Last, First, Middle Initial)	Other (specify)	▼ General		Date of Disbursemen	
State: OR District: 00 Full Name (Last, First, Middle Initial) C. Joni Ernst For US Senate, Inc.	Other (specify)	▼ Code		Date of Disbursemen	2014
State: OR District: 00 Full Name (Last, First, Middle Initial) C. Joni Ernst For US Senate, Inc. Mailing Address P.O. Box 93441 City Des Moines	Other (specify) State Zip	V		Date of Disbursemen	2014
State: OR District: 00 Full Name (Last, First, Middle Initial) C. Joni Ernst For US Senate, Inc. Mailing Address P.O. Box 93441 City	Other (specify) State Zip	Code		Date of Disbursement 06 / 04 Transaction ID : 40	2014 2005.E795
State: OR District: 00 Full Name (Last, First, Middle Initial) C. Joni Ernst For US Senate, Inc. Mailing Address P.O. Box 93441 City Des Moines Purpose of Disbursement	Other (specify) State Zip	Code 393-	Coteconii	Date of Disbursement 06 / 04 Transaction ID : 40	2014
State: OR District: 00 Full Name (Last, First, Middle Initial) C. Joni Ernst For US Senate, Inc. Mailing Address P.O. Box 93441 City Des Moines Purpose of Disbursement CONTRIBUTION	Other (specify) State Zip	Code 393-	Category/ Type	Date of Disbursement 06 / 04 Transaction ID : 40	2014 2005.E795
State: OR District: 00 Full Name (Last, First, Middle Initial) C. Joni Ernst For US Senate, Inc. Mailing Address P.O. Box 93441 City Des Moines Purpose of Disbursement CONTRIBUTION Candidate Name JONI K ERNST	Other (specify) State Zip	Code 393-		Date of Disbursement 06 / 04 Transaction ID : 40	2014 2005.E795 Doursement this Period
State: OR District: 00 Full Name (Last, First, Middle Initial) C. Joni Ernst For US Senate, Inc. Mailing Address P.O. Box 93441 City Des Moines Purpose of Disbursement CONTRIBUTION Candidate Name JONI K ERNST Office Sought: House Senate	Other (specify) State Zip IA 500 ment For: 2014 Primary	Code 393-		Date of Disbursement 06 / 04 Transaction ID : 40	2014 2005.E795 Doursement this Period
State: OR District: 00 Full Name (Last, First, Middle Initial) C. Joni Ernst For US Senate, Inc. Mailing Address P.O. Box 93441 City Des Moines Purpose of Disbursement CONTRIBUTION Candidate Name JONI K ERNST Office Sought: House President Disburse	Other (specify) State Zip IA 500	Code 393-		Date of Disbursement M M M / D D D O O O O O O O O O O O O O O O O	2014 2005.E795 Doursement this Period
State: OR District: 00 Full Name (Last, First, Middle Initial) C. Joni Ernst For US Senate, Inc. Mailing Address P.O. Box 93441 City Des Moines Purpose of Disbursement CONTRIBUTION Candidate Name JONI K ERNST Office Sought: House Senate	Other (specify) State Zip IA 500 ment For: 2014 Primary	Code 393-		Date of Disbursement M M M / D D D O O O O O O O O O O O O O O O O	2014 2005.E795 Doursement this Period
State: OR District: 00 Full Name (Last, First, Middle Initial) C. Joni Ernst For US Senate, Inc. Mailing Address P.O. Box 93441 City Des Moines Purpose of Disbursement CONTRIBUTION Candidate Name JONI K ERNST Office Sought: House President State: IA District: 00	Other (specify) State Zip IA 50: ment For: 2014 Primary X Other (specify)	Code 393-	Type	Date of Disbursement M M M / D D D O O O O O O O O O O O O O O O O	2014 2005.E795 Doursement this Period
State: OR District: 00 Full Name (Last, First, Middle Initial) C. Joni Ernst For US Senate, Inc. Mailing Address P.O. Box 93441 City Des Moines Purpose of Disbursement CONTRIBUTION Candidate Name JONI K ERNST Office Sought: House President Disburse	Other (specify) State Zip IA 50: ment For: 2014 Primary X Other (specify)	Code 393-	Type	Date of Disbursement M M M / D D D O O O O O O O O O O O O O O O O	2014 2014 2005.E795 Dursement this Period 5000.00

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER:	PAGE 10 OF 11
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(oricon oriny	*	
	Detailed Summary Page	21b	22 X 23 28b	24 25 26 28c 29 30b
Any information conicd from such Departs and Statem	anto movement he cold or us			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
Dirigo PAC				
Full Name (Last, First, Middle Initial)			D . (D).	
A. Poliquin For Congress			Date of Disburseme	nt
Mailing Address PO Box 50			06 26	2014
Maining Address To Box 50			20	2014
City	State Zip Code		Transaction ID : 4	0702 E700
- amana	ME 04963-		Transaction ID: 4	0/02.E/99
Purpose of Disbursement CONTRIBUTION			Amount of Foob Dia	bureament this Daried
Candidate Name			Amount of Each Dis	sbursement this Period
BRUCE L POLIQUIN		Category/ Type		5000.00
	nent For: 2014	1,700		
Senate	Primary		CONTRIBUTION	
President	Other (specify) ▼			
State: ME District: 02				
Full Name (Last, First, Middle Initial)			D . (D).	
B. Terri Lynn Land For U.S. Senate			Date of Disburseme	
Mailing Address P.O. Box 308			06 26	2014
Maining / Red. 1000 1 .O. Box 300			30 20	20.1
,	State Zip Code		Transaction ID: 4	0702 F798
Grandville	MI 49418-		Transaction ib . 4	0102.2100
Purpose of Disbursement CONTRIBUTION			Amount of Each Dis	sbursement this Period
Candidate Name			Amount of Lacif Dis	soursement this renou
TERRI LYNN LAND		Category/ Type		5000.00
	nent For: 2014		,	,
	Primary General		CONTRIBUTION	
	Other (specify) ▼			
State: MI District: 00				
Full Name (Last, First, Middle Initial)			Date of Disburseme	.nt
C.				
Mailing Address			M M / D D	/
City	State Zip Code			
Purpose of Disbursement				
r dipose of biobaroement			Amount of Each Dis	sbursement this Period
Candidate Name		Category/	Amount of Lacif Dis	spursement this renou
		Type		
Office Sought: House Disbursen			,	,
	Primary General			
State: District:	Other (specify) ▼			
otate. District.				
SUBTOTAL of Disbursements This Page (optional)				10000.00
22272 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2				
TOTAL This Period (last page this line number only)		·····•		25000.00

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		, FOR LINE	NUMBER: PAGE 11 OF 11
TEMIZED DISBURSEMENTS	Use separate schedule for each category of the	check only	one)
	Detailed Summary Pag		22 23 24 25 26 28a 28b 28c X 29 30b
Any information copied from such Reports and State	ments may not be sold or		
or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
Full Name (Last, First, Middle Initial)			
A. Piscataquis County Republican Co	ommittee		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 28 Orchard Rd			06 26 2014
City	State Zip Code		
Dover Foxcroft	ME 04426-		Transaction ID: 40702.E800
Purpose of Disbursement NON-FEDERAL CONTRIBUTION			Amount of Fook Dishursoment this Deviced
Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	500.00
Office Sought: House Disburse	ment For: 2014		
Senate	Primary General	al	
State: President X	Other (specify) Annual 2	014	
Full Name (Last, First, Middle Initial)	711110012		
3. York County Republican Committee	ее		Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address 133 Rochester Street			06 19 2014
City Berwick	State Zip Code ME 03901-		Transaction ID : 40702.E797
	WE 03901-		
Purpose of Disbursement			
NON-FEDERAL CONTRIBUTION			Amount of Each Disbursement this Period
•		Category/	
NON-FEDERAL CONTRIBUTION Candidate Name	ment For	Category/ Type	Amount of Each Disbursement this Period 500.00
NON-FEDERAL CONTRIBUTION Candidate Name	ment For:	Type	
NON-FEDERAL CONTRIBUTION Candidate Name Office Sought: House Disburse		Type	
NON-FEDERAL CONTRIBUTION Candidate Name Office Sought: House Senate President State: District:	Primary Genera	Type	
NON-FEDERAL CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	Primary Genera	Type	500.00
NON-FEDERAL CONTRIBUTION Candidate Name Office Sought: House Senate President State: District:	Primary Genera	Type	Date of Disbursement
NON-FEDERAL CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	Primary Genera	Type	500.00
NON-FEDERAL CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address	Primary General Other (specify) ▼	Type	Date of Disbursement
NON-FEDERAL CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	Primary Genera	Type	Date of Disbursement
NON-FEDERAL CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address	Primary General Other (specify) ▼	Type	Date of Disbursement
NON-FEDERAL CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement	Primary General Other (specify) ▼	Type	Date of Disbursement
NON-FEDERAL CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City	Primary General Other (specify) ▼	Type al Category/	Date of Disbursement
NON-FEDERAL CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement Candidate Name	Primary General Other (specify) ▼	Type	Date of Disbursement
NON-FEDERAL CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement Candidate Name	Primary General Other (specify) ▼ State Zip Code	Type Category/ Type	Date of Disbursement
NON-FEDERAL CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate President President Disburse	Primary General Other (specify) ▼ State Zip Code	Type Category/ Type	Date of Disbursement
NON-FEDERAL CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate	Primary General Other (specify) ▼ State Zip Code Tement For: Primary General Gener	Type Category/ Type	Date of Disbursement
NON-FEDERAL CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District:	Other (specify) ▼ State Zip Code ement For: Primary General Other (specify) ▼	Category/ Type	Date of Disbursement M M / D D / Y Y Y Y Amount of Each Disbursement this Period
NON-FEDERAL CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate President President Disburse	Other (specify) ▼ State Zip Code ement For: Primary General Other (specify) ▼	Category/ Type	Date of Disbursement